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I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the

Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

R. Cox
(TYPED OR PRINTED NAME OF SENDER)

R. Cox
(SIGNATURE)

PATENT APPLN. TRANSMISSION
CORPORATIONS (LARGE BUSINESSES)

DOCKET NO. MEDR 2 00001

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

This is a request for the filing of an Original (nonprovisional) Patent Application.

Transmitted herewith for filing under 37 C.F.R. 1.53(b) is the patent application entitled: _____

EXPANDABLE SPHERICAL SPINAL IMPLANT

X The inventor(s) of the subject patent application are as follows: Robert S. Biscup; Clayton G. Leroux

Enclosed are:

X 47 Pages of the specification, abstract and claims.

X 8 Sheets of drawings.

X Declaration or Oath.

 This application is not to be published under 35 U.S.C. 122(b). It is certified that the invention disclosed in the application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

X The Assignee of this application is Spineco, Inc., an Ohio corporation

The fee has been calculated as shown below.

For	Claims as Filed			Basic Fee \$770.00
	Number Filed	Number Extra	Rate	
Total Claims	83 - 20 =	63	x \$18	\$1,134.00
Independent Claims	11 - 3 =	8	x \$86	\$ 688.00
Total Filing Fee --->				\$2,592.00

X Assignment (\$40.00).

X A check in the amount of \$ 2,632.00 to cover the required fees is enclosed.

X General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17,

17302 U.S. PTO
10/801975



or All Required Extension of Time Fees. Should any additional fees be required in connection with this application, during the entire pendency of the application, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

FAY, SHARPE, FAGAN, MINNICH & McKEE

By: 

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